

EXHIBIT 247

**NOTICE OF [LIMITATION OR] REVOCATION OF A
LABORATORY'S CLIA CERTIFICATE:
NO IMMEDIATE JEOPARDY**

(THE LABORATORY HAS NOT REQUESTED A HEARING)

(Date)

CLIA Director Name

Name of Laboratory

Address

City, State, ZIP Code

Dear **(Laboratory Director)**:

RE: CLIA Number **(CLIA Number)**

As set forth at §353(i) of the Public Health Service Act, the Clinical Laboratory Improvement Amendments of 1988 (CLIA), a laboratory's CLIA certificate may be suspended, limited, or revoked if, following a survey, the laboratory is found to be noncompliant with CLIA Conditions. For Condition-level noncompliance which does not pose immediate jeopardy, these sanctions may not be imposed until after an administrative hearing, if one is requested.

A survey of your laboratory conducted on **(date)** identified the following Condition-level noncompliance: **(list them)**.

Based on the findings of non compliance listed above and because you have not requested a hearing within 60 days of receiving the notice of sanction of **(date)**, we will **(limit)** revoke your **(type of CLIA certificate)** on **(date)**. This action will concurrently cancel approval for your laboratory to bill Medicare and Medicaid for services rendered.

Sincerely yours,

Associate Regional Administrator
(or its equivalent)

cc: State Agency

NOTE: If the laboratory's noncompliance poses immediate jeopardy, send the laboratory the letter found in Exhibit 4-198, impose adverse action(s), and then follow up with this one to inform the laboratory of the impending revocation if a hearing is not requested.